

REAL ESTATE COMMISSION

64 South Street Concord, NH 03301 (603) 271-2748 Fax # (603) 271-1039 http://www.nh.gov/nhrec

E-mail: nhrec@nhrec.state.nh.us

Expi	ration Date
License #	Date Processed
License Dates	Form#
Broker Ref #	Firm/Trade Name #
Check #	Amount
Rec	eipt#



FORM 6-RE BROKER REN. REV. 08/10

APPLICATION FOR RENEWAL OF BROKER'S LICENSE

RENEWAL FEE \$100.00

Renewal is permitted up to 6 months after expiration with an additional \$60.00 late penalty fee. (Please note: During the 6 month late renewal period after expiration date you are not permitted to practice real estate.)

Make checks payable to: TREASURER, STATE OF NEW HAMPSHIRE

PRINT OR TYPE. All questions	must be answered in full. Do not leave	any section of application blank, except where instructed to
do so. MR MRS MS Applicant's Full Legal Name:		Date of Birth:
Resident Physical Address:		
Resident Mailing Address:		
Resident Tel. #/Cell #:		dent Email:
Business Name		
Business Physical Address:		
Business Mailing Address:		
Business Tel: #:	Business Fax #:	Business Email:
Which of the following is applica	ble?	
Active (must submit and managing broke	ers must submit an original \$25,000 bon CATION – Lists of approved core and e	of "elective" continuing education, and all principal d which runs concurrently with license dates.)
	er licensing. Should you wish to have c All courses must be completed within	copies faxed or mailed to you, please contact the Commission your 2 year renewal period.
association, whom to who are assigned to "Managing broker" "Associate broker" associate broker muthe principal broke employment as an a	the New Hampshire Real Estate Commissions of the New Hampshire Rea	ne broker designated by a corporation, partnership or ssion holds responsible for the actions of licensees office. I operates under the supervision of a principal broker. (An in Form on page 3 of the application completed and signed by \$25,000 bond is not required.) When you change your ker to another you must promptly notify the Real Estate tification form and submitting your wall certificate, pocket

1. If you own or operate a sole proprietorship, partnersl association in real estate, you need to list the firm na		
Firm and/or Trade Name(s):		
Physical Address:		
Mailing Address:		
ALL OF THE FOLLOWING QUESTIO	NS <u>MUST</u> BE ANSWERED W	ITH A YES OR NO ANSWER.
2. Is this trade name, sole proprietorship, partnership, a association registered and in Good Standing with the Forms may be obtained to register with the Secretary	New Hampshire Secretary of Sta	nte?
3. Is this trade name, sole proprietorship, partnership, a association licensed with New Hampshire Real Estat	association, corporation, limited li	ability company or any other business
*4. Have you, since your last original or renewal applica creditors?	ation, been through bankruptcy or	insolvency or made a compromise with your
*5. Are there any undischarged court judgments or liens	against you at this time?	
*6. Have you, since your last original or renewal applica "yes", contact this office at (603) 271-2703 for an Arrest site at www.nh.gov/nhrec under the licensing section.		
*7. Have you, since your last original or renewal applicate repute or trustworthiness or have any relation to or b		
*8. Have any licenses which you have held to sell real extension renewal application?	state been subject to disciplinary a	action in any state since your last original or
* IF YOU ANSWERED "YES" TO QUESTION TO THIS APPLICATION GIVING FULL DE		
Your license will expire two years from the date of issue expire. If your license expires, you may reinstate your lidocuments and renewal fee plus a late renewal penalty for and you will have to meet all the qualifications of a new The following statement applies to principal broker a As a principal broker, pursuant to RSA 331-A:13,V, I he account or accounts. I attest that I have read the foregoing	icense up to six months from the eee. If you fail to renew within the candidate. applicants only: ereby give permission to the Real	expiration date by submitting the required e six month period, your license will lapse, Estate Commission to audit the escrow
	SIGNATURE OF	F PRINCIPAL BROKER APPLICANT ONLY
* * * * * * * All Applicants Must	Provide A Notarized Signa	nture Below * * * * * * *
		Signature of Applicant
State of	County of	
Subscribed and sworn to before me this	day of	20
(NOTARY SEAL)	NOTA	ARY PUBLIC/JUSTICE OF THE PEACE
	My commission	expires:

ASSOCIATE BROKER AFFILIATION FORM

Upon receipt of the license herein applied for, the fo		
will be employed by me or will otherwise be under of work under my supervision. I will display his/her lie will notify the New Hampshire Real Estate Commis- termination and return his/her wall license and pocket	cense prominently at my place of sion as required by RSA 331-A	of business, and when he/she leaves my employ I
F		
To the best of my knowledge the applicant is of good	d moral character and is trustwo	orthy.
Principal Broker's Name:	·	
Business/Firm Name:		
Business Address:		
Business Phone:	Principal Broker Licen	se #:
		SIGNATURE OF PRINCIPAL BROKER
State of		
County of:		
Subscribed and sworn to before me this	day of	A.D. 20
(NOTARY SEAL)	NOTARY	PUBLIC/JUSTICE OF THE PEACE
	My commission exp	ires:

PLEASE RETURN THIS EDUCATION EVALUATION WITH YOUR RENEWAL APPLICATION

'CORE" COURSE School/Instru	actor Name:		
Date attended:	Location of Course:		
		(Cinal	. On .
		(Circle	
	ately?		No
	alue to you?		No
	unity to ask questions?		No
	or written materials?		No
	orthwhile?		No
Please provide any comments you	may have on the course content and/or the school or instructor:		
ELECTIVE COURSE Title and	Course Number:		
Name of School/Instructor:			
Date Attended:	Location of Course:		
		(6)	
		(Circle	e One
Vas the material presented adequa	itely?	Yes	No
	alue to you?		No
Vere you provided with an opport	unity to ask questions?	Yes	No
Vere you provided with reference	or written materials?	Yes	No
	orthwhile?		No
lease provide any comments you	may have on the course content and/or school or instructor:		
ELECTIVE COURSE Title and	Course Number:		
Name of Instructor/School:			
Date Attended:	Location of Course:		
		(Circle	e One
	ntely?		No
Vas the information received of v	alue to you?	Yes	No
Vere you provided with an opport	unity to ask questions?	Yes	No
	or written materials?		No
	orthwhile?		No
	may have on the course content and/or school or instructor:		

Was the material presented adequately? Yes Was the information received of value to you? Yes Were you provided with an opportunity to ask questions? Yes	
Was the information received of value to you?	Circle One)
Were you provided with an opportunity to ask questions?	es No
	es No
Were you provided with reference or written materials?	
n your opinion was the course worthwhile?Yes	es No
Please provide any comments you may have on the course content and/or school or instructor:	